

MONTANA POLLUTANT DISCHARGE
ELIMINATION SYSTEM APPLICATION
FOR A GENERAL PERMIT TO DISCHARGE STORM WATER
ASSOCIATED WITH INDUSTRIAL ACTIVITY

Return to: **Attn: Storm Water Program**
Water Protection Bureau
Montana Department of Environmental Quality
PO Box 200901, Helena, MT 59620-0901

Please print or type:

1. Name and Address of Owner/Operator:

2. Site Address if Different than No. 1:

3. Facility Contact Person: _____
Telephone Number: _____

4. SIC Code: _____ Type of Business: _____ Number of employees: _____
Types of Industrial Activities at Facility _____
Types of Materials Handled and/or Stored Outdoors: _____

5. Other Permits Currently in Force for the Facility: _____

6. Site Location (Township, Range, Section, 1/4 Section): _____
Size of Facility (acres or sq. feet): _____
Please attach a topographic map of the facility location with drainage patterns indicated.

7. Name of closest surface water: _____
Where does storm water discharge to?
*Municipal Storm Sewer System? No: _____ Yes: _____ Name: _____
*Surface Water Body? No: _____ Yes: _____ Name: _____
*Other (be specific): _____

8. Has any storm water quality analytical data been collected? No: _____ Yes: _____ (if yes, please attach)

9. Describe any storm water treatment or best management practices (BMPs) in use: _____

10. The number of discharge points at your facility: _____
The expected flow rate of your discharge(s): _____ gallons per minute
The depth to groundwater at the site : _____

11. Briefly describe the various activities which take place at the site which may contribute to the contamination of storm water: _____

12. The NPDES industrial storm water regulations (40 CFR) require certification that all storm water outfalls associated with industrial activities have been evaluated for the presence of non-storm water discharges not otherwise covered by an NPDES Permit. Your signature on this application provides that certification. Please describe the method used to evaluate for the presence of non-storm water discharges: _____

13. Have any leaks or spills or other instances of storm water contamination occurred at the facility within the last three (3) years? No: _____ Yes: _____
(If yes, please explain size, etc.) _____

14. Please indicate the following items on the attached site map.

Location of storm water outfalls.

Outline of drainage areas served by each outfall.

Runoff conveyance structures - storm
sewer, ditch, or drainage area.

Location of impervious surfaces.
Facility buildings and property lines.

Areas where activities are, or have been conducted, material stored, or spills have occurred which could affect storm water quality.

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.

Name of Owner/Operator

Title

Signature

Date

GENERAL PERMIT TO DISCHARGE STORM WATER
SITE MAP

MAP INFORMATION	
TYPE	WATER PROTECTION BUREAU
	FACILITY
SCALE	COUNTY